Outpatient Facility Coding Alert

You Be the Coder: Avoid Coding Confusion for Same Day Stent Removal and Insertions

Question: Our gastroenterologist recently preformed an ERCP procedure to remove the original stent that is 7 French and replace it with a 10 French x 9cm decompression of the biliary tree in standard fashion. No biopsies or other procedure performed. I reported 43268 and 43269-59. Is this correct?

Wichita Subscriber

Answer: In your scenario, it sounds as if the stent was already in place when the procedure began, so you would be safe to use 43269 (Endoscopic retrograde cholangiopancreatography [ERCP]; with endoscopic retrograde removal of foreign body and/or change of tube or stent). Considering the definition of the code, many gastroenterologists feel this most aptly describes the procedure. If the gastroenterologist placed the initial stent during the procedure, it would be correct to bill 43268 (... with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct) even if he removed the stent at the end of the procedure. You would not report both codes unless the services were performed in different operative sessions or on different ducts.

The National Correct Coding Initiative (NCCI) lists the stent placement and removal codes as mutually exclusive, which means they cannot be "reasonably done in the same session." Traditionally, gastroenterology practices have not billed separately for the stent placement when done in combination with stent removal because of this edit.

Some practices have billed only 43268 because the introduction to NCCI says to bill the lower-valued procedure in a mutually exclusive edit. Other practices have reported 43269 because it is the higher-valued procedure. In this scenario, it is also the "Column 1" code so this logic would be correct.

Some practices bill both the stent placement and removal because the edit contains an indicator of "1," which means a modifier can be used to override the edit and differentiate between the services provided. However, this only allows for gastroenterologists to receive reimbursement for stents placed and removed in different ducts (common bile duct and pancreatic duct) and is not intended in situations when the physician removes and replaces a stent in the same duct.

You cannot code for the cholangiogram, if performed, which is a form of visualization where a contrast material is injected into the bile ducts to see if there are any stones present after an extraction. This, along with other types of visualization techniques, is an integral part of an ERCP and is not separately billable.